

CalWORKs and WELFARE TO WORK TIME LIMIT EXEMPTION DETERMINATION

COUNTY	
CASE NAME	
CASE NO.	OTHER ID NO.
WORKER NAME	

Questions? Ask your worker.

On _____, an exemption was requested for _____.

Based on the facts, the county made the following determination.

WELFARE TO WORK PARTICIPATION AND 18/24 MONTH TIME LIMIT EXEMPTIONS

1. ☐ The exemption is **APPROVED**.
S/he will not be required to participate in Welfare-to-Work. Each month of aid for the period that her/his condition or circumstance lasts will not count toward the Welfare-to-Work 18/24 time limit.

S/he can ask to volunteer to participate in Welfare-to-Work activities and will be told what services are available.

Reason for Exemption from the 18/24 time limit: _____

2. ☐ The exemption is **DENIED**.
S/he is required to participate in the Welfare-to-Work Program. S/he will get a notice from the county telling her/him when to attend the Welfare to Work orientation/activity. Each month of aid will continue to count toward the 18/24 month time limit.

Reason for Denial: _____

CalWORKs 60-MONTH TIME LIMIT EXEMPTIONS

3. ☐ The exemption is **APPROVED**.
Each month of aid for the period that her/his condition or circumstance lasts will not count toward the CalWORKs 60-month time limit.

Reason for Exemption from the 60-month time limit: _____

4. ☐ The exemption is **DENIED**.
Each month of aid will continue to count toward the CalWORKs 60-month time limit.

Reason for Denial: _____

CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM ON THE BACK SIDE OF THIS PAGE TELLS YOU HOW TO ASK FOR A STATE HEARING.